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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

NONE

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NV	SHEETS DRAWING 15	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Mal</i>	Initials		

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## TITLE

Electronic payout administration method and system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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